

Three-Pronged Approach

Summary Form: Addressing Vision and Hearing Concerns

Birthdate: _____

Phone: _____

Primary Care Physician: _____

I. PARENT/CAREGIVER INTERVIEW

A. The parent/caregiver has concerns about the child's vision and/or hearing at this time: ☐ No ☐ Yes

If yes, the concern is related to the child's:

☐ Vision ☐ Hearing ☐ Speech/Language (rule out hearing loss)

B. Describe the concerns regarding the child's hearing or vision skills development:

FAMILY & MEDICAL HISTORY REVIEW: Please note any factors in child's family or medical history that might indicate higher risk for hearing/ vision impairments:

II. DEVELOPMENTAL SKILLS CHECKLIST

(Describe any skills of concern for child's age)

A. Vision Related

B. Hearing Related

III. OBSERVATIONS

(Describe observations that might indicate higher risk for vision/hearing problems)

Results of InfantSEE evaluation (if applicable):

0 Pass Comments:

Results of OAE Hearing Screening (if applicable):

☐ ☐ ☐ ☐ 0 Pass 0 Rescreen 0 Refer

SUMMARY:

O We *have no concerns* regarding the child's vision or hearing at this time, based on parent interview, family/medical history review, developmental skills related to vision or hearing, and our joint observations.

☐ We *have identified* high risk factors, signs, and/or observations, as noted above, for:

☐ ☐ O Vision O Hearing Note: These concerns and a follow-up plan will be addressed in the IFSP. Action taken and results will be discussed at the six-month review.

☐ Follow-up option recommended:

Referral for further evaluation by a pediatric ophthalmologist or pediatric audiologist, following approval of primary care physician.

[Parent/Caregiver] [Date]

[FRC/ Service Provider] [Date]

Copy to: PCP, parent, file

The *Three-Pronged Approach* was developed by
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